



Client No. 2036	Client Name OH MATERIALS	Location 1004 OSWEGO ST UTICA NY	Date 7/8/87
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Facility Equipment	Detax Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other
					1	1	TWO GATE KEYS - LOG BOOK - RADIO

Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer—Day Shift (Name) GEORGE, JIM D	Officer—Swing Shift (Name) Born Wallard	Officer—Grave Shift (Name) Dick Koboski
Shift	Shift	Shift	Shift
Began 8 AM-PM <input checked="" type="radio"/> AM-PM	Began 9 AM-PM <input checked="" type="radio"/> AM-PM	Ended 12 AM-PM <input checked="" type="radio"/> AM-PM	Began 12M AM-PM
Ended			Ended 8 AM-PM <input checked="" type="radio"/> AM-PM

Observations or actions taken	Day Shift		Explanation	Swing Shift		Explanation	Grave Shift		Explanation
	Yes	No		Yes	No		Yes	No	
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	LIGHTS OUT 0515.
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	OHMA & EPA PEOPLE
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	ON SITE
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

Remarks

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.	
Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
2. Did you suffer any illness?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures	1. Jim D. George				1. Born Wallard				1. Dick Koboski				
Signatures	2.				2.				2.				
Signatures	3.				3.				3.				

